

Evaluating Open Dialogue in the NHS: the ODDESSI research programme Outline and Progress to date

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“**O**pen **D**ialogue – **D**evelopment and **E**valuation of a **S**ocial Network Intervention for **S**evere Mental **I**llness (**ODDESSI**)”

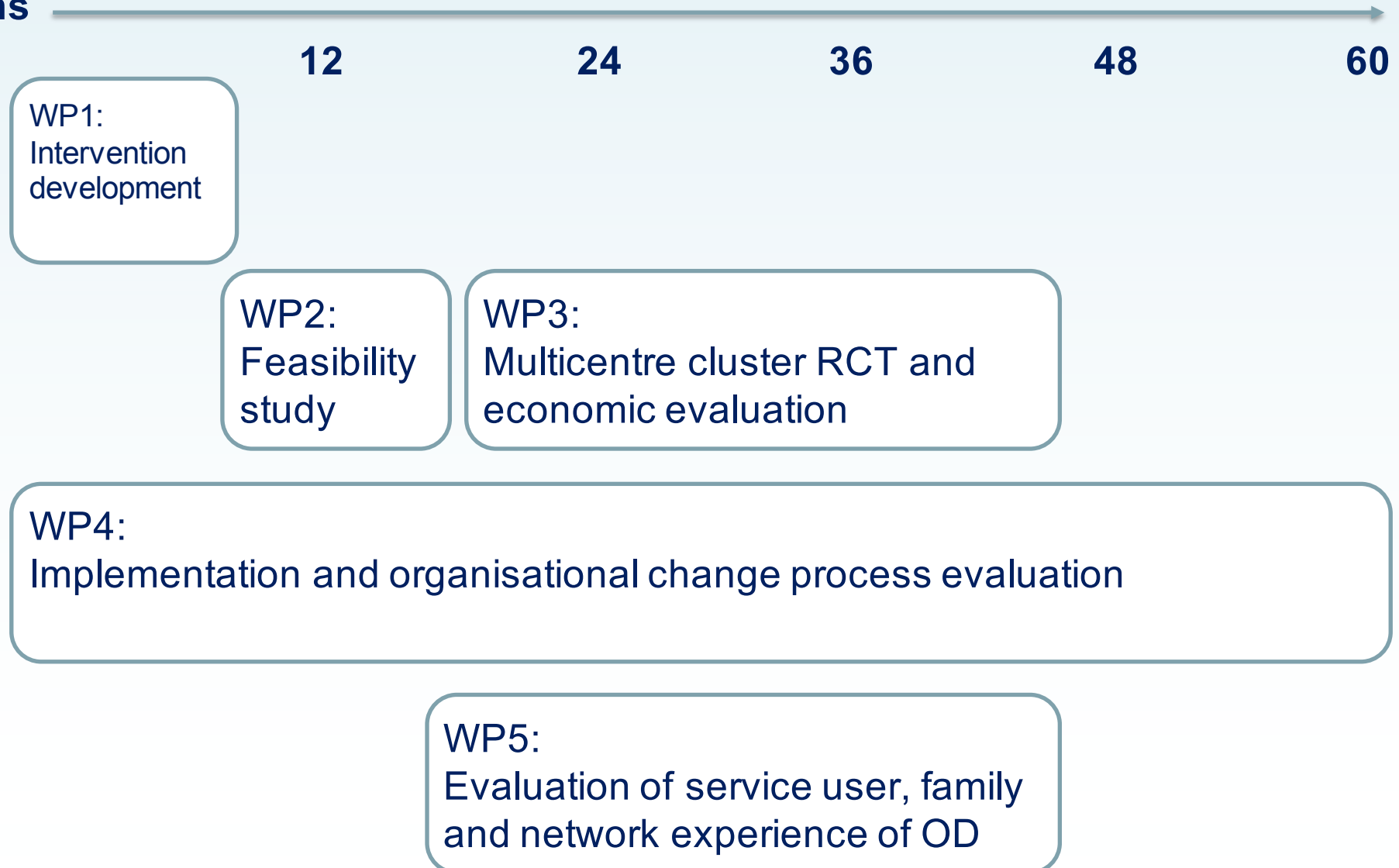
- 5 year programme, NIHR Programme Grant for Applied Research
- Comprehensive evaluation with 5 workpackages, including a multi-centre cluster RCT
- 5+ NHS Trusts across UK signed up as study sites
- Majority of OD staff teams, including peer support workers, will be trained in 2017/2018
- Programme milestones
 - started July 2017
 - review December 2018
 - completion October 2022

Programme aims

1. Develop a protocol acceptable to clinicians and service users for OD in the NHS for the management of mental health crises
2. Assess the clinical and cost-effectiveness of OD compared to usual care: does OD reduce time to relapse and improve quality of social network?
3. Assess the organisational changes required to support OD implementation in the NHS: can we organise services to deliver OD and develop a sustainable model?
4. Understand service user and their family and wider networks' experience of OD compared to usual care

5 Workpackages (WP)

Months



WP1 – Intervention Development

1) Refine and establish the intervention

- OD teams start operating across all sites ✓ and ?
- Develop operational protocol with core and flexible OD model functions and staffing structure, including peer support ✓ and ?
- Stakeholder interviews/focus groups to support NHS implementation - how does the model vary across Trusts? ✓

2) Develop Peer Support Worker component

- Integral members of OD team ✓
- Role: assist service user to develop and maintain social network, attend network meetings, team meetings and supervision ✓ and ?

WP2 – Feasibility Trial

- 9 month feasibility trial of 2 OD teams and 2 TaU teams in 2 Trust sites – to start March/April 2108
- **Can we satisfy the following stop-go criteria so we can progress to the main trial:**
 - ✓ Can we recruit 10% of trial sample?
 - ✓ Can we retain 80% of participants at 3 month follow up?
 - ✓ Can we collect primary outcome data from 85% at 3 months?
 - ✓ Can we achieve the expected consent rate?
 - ✓ Can all sites establish OD teams and the geographical clusters they serve and can all OD teams operate to protocol?
 - ✓ Can all OD teams achieve adequate adherence and fidelity?

WP3 – Multicentre cluster RCT

- Pragmatic two-arm cluster RCT and cost-effectiveness evaluation of OD versus usual care (routine NHS crisis care, CRHTT, and longer-term community care)
- 28 clusters randomized to deliver OD or usual care (23 per cluster)
- n=644 recruited over 12 months, 24 month follow up
- Include: 18+ years, service user in crisis, within 48 hours of CRHTT referral or discharged to CRHTT, ICD MH diagnosis
- **Primary outcome:** time to relapse (case-note method)
- **Secondary outcomes:** *social network quality and size, hospitalisation, recovery, satisfaction with care, QoL, carer burden of care and shared decision making*

WP4 – Implementation and organisational change process evaluation

- Stakeholder consultation – staff, NHS managers, service users ✓
- Assess OD team *adherence* and *fidelity* to intervention and service model across sites ✓ and ?
- Explore staff experience of OD training and of delivering OD and usual care ✓ and ?
- Develop an in-service staff OD training programme ✓
- Model a catchment-wide ‘model’ OD service in an NHS site following a pilot trial

WP5 – Evaluation of service user, family and network experience of OD

- Service user, family member and/or social network members and practitioner experience of ‘doing’ OD together – what works, how does it work and what’s different to usual care?
- Comparative case study approach: interviews with OD and usual care families
- Topics could include experience of process and change, contextual factors affecting access and outcomes, perceived change in relationships, social engagement, empowerment

Challenges in Delivering the ODESSI Programme

- Recruiting 28 clusters (and **644 participants!**)
- NELFT, KMPT, CIFT, BEH, DPT (?? *Others*)
- Maintaining staff training throughout the programme (300 trained, 100 on 'new model')
- Development of the peer support worker role
- Managing case loads and expectations in OD and TAU services
- Maintaining adherence/fidelity to the model throughout the programme (for OD **and** TAU)
- Keeping in contact with 644 people
- Surviving the changes in the NHS

Challenges in Delivering the ODESSI Programme

Implementing the ODESSI Protocol

- Protocol based on core OD principles
- Essential components of OD team specified
- Definition of crises
- Definition of and referral pathways to clusters
- Links to crisis and in-patient care
- Avoiding 'contamination' - OD 'leakage'
- Variation of importance but has limits